



Reproductive factors, oral contraceptive use, and risk of colorectal cancer

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Abstract: Multiparity and use of oral contraceptives are hypothesized to reduce risk of colorectal cancer. Among 57,529 women, 31-90 years of age, who volunteered for a nationwide breast cancer screening program from 1973 to 1980, we observed 154 pathologically confirmed cases of colon cancer and 49 cases of rectal cancer in up to 10 years of follow-up (388,555 person-years). Parity was not associated with risk of colorectal cancer [age-adjusted rate ratio for ≥ 4 children vs no children = 1.0; 95% confidence interval (CI) = 0.72-1.5], although decreases in proximal colon cancer and increases in distal colon cancer were observed among parous women. The effect of parity did not vary by age at diagnosis. We found no strong or consistent association for age at menarche, age at first birth, or age at natural menopause. In addition, oral contraceptive use, reflecting mainly past use, was unrelated to risk of colorectal cancer (rate ratio = 1.0; 95% CI = 0.75-1.4). These findings do not corroborate the hypothesis that reproductive events or oral contraceptives influence the development of colorectal cancer.